0532 Film#G161 Item# 14 2/11/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00532 Reg. Dist. No. 766

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: GARRETT — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND, MARYLAND X

LENGTH OF STAY (in this place): 12 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X GORMANIA, W. VA. Post Office

STREET ADDRESS (If rural give location): ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LULU	C.	CULP	1	23	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	FEBRUARY 12, 1876	77 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Home	WEST VIRGINIA	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
UNKNOWN	HILL, unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO			JOHN CULP ROUTE # 1 GORMANIA, W. VA.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive heart failure — 7 days?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio-vascular — -

DUE TO (c) disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. upper Respiratory Infection

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/12, 1954, to 1/23, 1954, that I last saw the deceased alive on 1/23, 1954, and that death occurred at 11:38 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J Lucky M D		Oakland, Md	1/24/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/26/1954	Fairview Cemetery	near Gorman, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/26/54	Julia A Bowman LR	Herbert C. Leighton	Oakland, Md.

VS. A15

RECEIVED
FEB 9 19[illegible]
BUREAU V. S

0533

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00523

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, Md. X
LENGTH OF STAY (in this place) 85 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Laura Beal Collins Dunham

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 24, 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 8, 1859

9. AGE last birthday: 94 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Friendsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harrison Collins

14. MOTHER'S MAIDEN NAME: Nancy Friend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William Dunham, Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Chronic Myocarditis — DUE TO — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) [illegible] — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1949, to Jan. 24, 1954, that I last saw the deceased alive on Jan. 21, 1954, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Milton Jeffer, M.D. Friendsville, Md. Jan 25, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Jan. 27, 53 — NAME OF CEMETERY OR CREMATORY Steel Cemetery — LOCATION (City, town, or county) (State) Friendsville, Md.

DATE REC'D BY LOCAL REG. Jan 27 1954 — REGISTRAR'S SIGNATURE Kathryn Fike

24. FUNERAL DIRECTOR A. F. Collins — ADDRESS Terra Alta W. Va.

RECEIVED
JAN 29 1954
BUREAU V. S.

0524

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SWANTON X
LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X SWANTON.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) FRIEND.

4. DATE OF DEATH: (Month) JAN. (Day) 16 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED.

8. DATE OF BIRTH: OCT. 1 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SWANTON GARRETT. CO.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN W. FRIEND.

14. MOTHER'S MAIDEN NAME: RACHAEL FRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. LAURA FRIEND. SWANTON MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive arteriosclerotic heart disease — Several yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

29. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10 52, to 1/14 54, that I last saw the deceased alive on 1/14 54, and that death occurred at 6.00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Joseph Alvarez M.D. 101 Third St. Oakland, Md. 1/16/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF JAN-18-1954

NAME OF CEMETERY OR CREMATORY GLENDALE

LOCATION (City, town, or county) NEAR SWANTON (State) MD.

DATE REC'D BY LOCAL REG. 1/16/54

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR ADDRESS

Emroy Bolden Oakland Md

RECEIVED
FEB 8 1954
BUREAU V. S

00525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
County Garrette
City or town Rural Friendsville X
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, institution, or street address where death occurred: X
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrette
City or town Friendsville Rural X
(If outside city or town limits, write RURAL and give nearest town)
Street No. .....
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME Richard H Frind | **3.(b) Social Security Number** 9

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife .....
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 3 1883

8. AGE: Years	Months	Days	If less than one day
70	6	6	..... hrs. ..... min.

9. Birthplace Md Garrette Co (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own farm
FATHER 12. Name David Friend
13. Birthplace Maryland
MOTHER 14. Maiden name Mary J Garey
15. Birthplace Maryland
16. Informant Huston H Friend
Address Friendsville Ma

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12 1954 (month) (day) (year)
Cemetery or crematory Bloming Rose Cem-
Location Near Friendsville Md
18. Funeral director E G Harned
Address Brandonville W.Va

19. Jan 13 1954 Kathryn Fike
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan ~~December~~ 12 1954 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1950 19— to Jan-12- 1954 and that I last saw him alive on Jan 9— 1954

Immediate cause of death	DURATION
Apoplexy	
Due to Arterio Sclerosis	
Due to Myocarditis	
Other conditions	

422.1
(Include pregnancy within 3 months of death)

Major findings of operation 0 Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide \ Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H. B. Mearmore M.D. M. D. or other
Address Addison - Pa. Date signed 1-15-54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 19 1954
BUREAU V. S.

0533

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00526

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, MARYLAND X
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND, MARYLAND 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) PRENTISS (Last) GIBSON

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: November 11, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM RUSSELL

14. MOTHER'S MAIDEN NAME: JANET HERON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT & ADDRESS: H. Z. Gibson Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 202.0

Immediate cause (a) Follicular Lymphoblastoma — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec '51

19b. MAJOR FINDINGS OF OPERATION Mesenteric adenitis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to Dec., 1953, that I last saw the deceased alive on Jan. 5, 1954, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Alvarez M.D. ADDRESS 101 Third St Oakland, Md. DATE SIGNED 8 Jan, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/8/1954 — NAME OF CEMETERY OR CREMATORY Oakland Cemetery — LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 1/8/54 — REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

VS. A15

RECEIVED
JAN 15 1954
BUREAU V. S.

0537

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - OAKLAND MD.
LENGTH OF STAY (in this place) LIFE-TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) JACKSON (Last) KOLBFLEISCH
4. DATE OF DEATH: (Month) JAN. (Day) 24 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JAN.-15-1868.
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GARRETT CO. MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN KOLBFLEISCH
14. MOTHER'S MAIDEN NAME: KATHRYN BOWSER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: CARRIE KOLBFLEISCH OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent cause(s) (b) Arteriosclerosis DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1953, to Jan 24, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 6.15 a.m., from the causes and on the date stated above.

SIGNATURE E. G. [signature] (DEGREE OR TITLE) M. D. ADDRESS Oakland Md DATE SIGNED 1/26/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF JAN. 27-1954 NAME OF CEMETERY OR CREMATORY OAKLAND LOCATION (City, town, or county) OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. Jan 26/54 REGISTRAR'S SIGNATURE Julia A. Kowan L.R. 30. FUNERAL DIRECTOR Emroy Boldin Oakland ADDRESS Md

RECEIVED
BUREAU V. S

0533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) M. (Last) LOWDERMILK.

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar - 4 - 1867

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: George Lowdermilk.

14. MOTHER'S MAIDEN NAME: Elizabeth Frazee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Fred Lowdermilk - Friendsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 6 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: / /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1946, to Jan 7, 1954, that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton Jeffer M.D. Friendsville Md. Jan 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-10-54

NAME OF CEMETERY OR CREMATORY: Addison Cemetery

LOCATION (City, town, or county) (State): Addison - Somerset - Pa

DATE REC'D BY LOCAL REG.: 1/7/54

REGISTRAR'S SIGNATURE: Kathryn Fike

24. FUNERAL DIRECTOR: H.H. Rodabaugh ADDRESS: Markleysburg Pa

mmb.

RECEIVED
JAN 1
BUREAU V. S.

Film#G161 Item# 9 2/15/54 emi

0539

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

COUNTY GARRETT MARYLAND MD.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD. LENGTH OF STAY (in this place) 4 MONTHS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY GARRETT.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) W. (Last) MARTIN.

4. DATE OF DEATH: (Month) JAN. (Day) 25 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.

8. DATE OF BIRTH: JUNE. 2, 1880.

9. AGE last birthday: 73 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VALLEY POINT. W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CLINT MARTIN.

14. MOTHER'S MAIDEN NAME: NERVA DUVALL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-2997.

17. INFORMANT & ADDRESS: RAY CHARLES MARTIN. GRELLIN. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 2 3.0

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Sclerotic Heart Disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14, 1949, to 12-29, 1953, that I last saw the deceased alive on 12-29, 1953, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE James H. Fearler Jr. (DEGREE OR TITLE) M.D. ADDRESS 58 2nd St Oakland. Md DATE SIGNED 1.27.54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL.

DATE THEREOF JAN. 28-1954 NAME OF CEMETERY OR CREMATORY OAKLAND. LOCATION (City, town, or county) OAKLAND. (State) MARYLAND.

DATE REC'D BY LOCAL REG. Jan. 28 54 REGISTRAR'S SIGNATURE Julia A Nowan LR

24. FUNERAL DIRECTOR Emroy Bolden Oakland ADDRESS Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT. MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL DEER PARK
LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL DEER PARK MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CARLIS (Middle) LEE (Last) SMITH.

4. DATE OF DEATH: (Month) JAN. (Day) 22 (Year) 1954.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: SEPT.-30-1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: TROY MELFORD SMITH.

14. MOTHER'S MAIDEN NAME: MINNIE ELIZBETH SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: TROY SMITH. DEER PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30 1953, to Jan 22, 1954, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE R. G. Bourgeois (DEGREE OR TITLE) M D ADDRESS Oakland Md. DATE SIGNED 1/23/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF JAN-24-1954

NAME OF CEMETERY OR CREMATORY FERNDALE

LOCATION (City, town, or county) NEAR OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. 1/24/54

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03683

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

COUNTY GARRETT. MARYLAND M.D.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HUTTON MD.

LENGTH OF STAY (in this place) 33 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE M.D. COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HUTTON MD.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ELLEN (Last) Hoff WHITE

4. DATE OF DEATH: (Month) JAN. (Day) 24 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG.-7-1878.

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): TERRA ALTA W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN HOFF.

14. MOTHER'S MAIDEN NAME: KATHRYN SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JOHN WESLEY WHITE. HUTTON MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Myocardial Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1946, to Jan 24, 1954, that I last saw the deceased alive on 19 Jan, 1954, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) MD ADDRESS: Oakland DATE SIGNED: 26 Jan 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: JAN-27-1954

NAME OF CEMETERY OR CREMATORY: TERRA ALTA

LOCATION (City, town, or county) (State): TERRA ALTA W.VA.

DATE REC'D BY LOCAL REG. 27 54

REGISTRAR'S SIGNATURE: Julia A. Rowan LR

24. FUNERAL DIRECTOR Emroy Bolden Oakland ADDRESS Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00531

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland X
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland X
STREET ADDRESS (If rural give location) Route No. 219

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) Chambers (Last) Williams
4. DATE OF DEATH: (Month) January (Day) 2, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7/18/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Chambers
14. MOTHER'S MAIDEN NAME: Epilona Goff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Mrs. John Kope Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death 7 days

331X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis —

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Jan 2, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 8:30 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Md
ADDRESS Oakland Md
DATE SIGNED 1/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/5/1954
NAME OF CEMETERY OR CREMATORY Paradise Church Cemetery
LOCATION (City, town, or county) (State) Near Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR 1/5/1954
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

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JAN 16 1934
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY GARRET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton Rural
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3½ mi So of Barton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton - Rural
STREET ADDRESS (If rural, give location) 3½ mi So of Barton.

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) Ellen (Last) Wilson
4. DATE OF DEATH (Month) JAN (Day) 31 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 24 Nov 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Elk Garden, W Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Bradley T Bray
14. MOTHER'S MAIDEN NAME Margaret J. Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mill Run Road David E. Wilson, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X Immediate cause (a) Cardiac insufficiency — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity — Since puberty

(c) Nephritis — 2 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Displaced intervertebral disc

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19....., to Jan., 1954 that I last saw the deceased alive on Nov. 21 1954 and that death occurred at 1:35A m., from the causes and on the date stated above.

SIGNATURE A. Hazen Baker (Degree or title) M.D. ADDRESS Westernport, Md. DATE SIGNED 2/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3 Feb 1954
NAME OF CEMETERY OR CREMATORY E.U.B. Cemetery
LOCATION (City, town, or county) Swanton, Garrett Co. (State) Md.
DATE REC'D BY LOCAL REG. 2-3-54
REGISTRAR'S SIGNATURE Dorsey Patterson
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 4 1954
BUREAU V. S.